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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	11/772,419
		Filing Date	6 February 2004
		First Named Inventor	YAMAZAKI
		Group Art Unit	1763
		Examiner Name	OLSEN, Allan W.
Total Number of Pages in This Submission	7	Attorney Docket Number	740756.2712

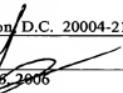
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Certified Copy of Priority	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with
Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Enclosures
<input type="checkbox"/> Response to Missing Parts/	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> A self-addressed prepaid postcard for
Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	<input checked="" type="checkbox"/> acknowledging receipt
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Other Enclosure(s) (please identify below):
		<ul style="list-style-type: none">• Response to Non-Compliant Amendment

Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Luan C. Do Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	 Registration No. 38,434
Date	October 16, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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Docket No. 740756-2712

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Shunpei YAMAZAKI) Group Art Unit: 1763
Serial No. 10/772,419) Examiner: Allan W. Olsen
Filed: February 6, 2004) Confirmation No. 2060
For: METHOD FOR MANUFACTURING DISPLAY) Date: October 16, 2006
DEVICE

RESPONSE TO NON-COMPLIANT AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Non-Compliant mailed September 14, 2006 and to the Office Action mailed March 17, 2006, please consider Applicant's remarks and amendments as follows:

10151735.2